

Telehealth

Provides clinical care in circumstances where distance separates those receiving services and those providing services. The value VA derives from Telehealth is not in implementing Telehealth technologies alone, but how VA uses health informatics, disease management, care/case management and Telehealth technologies to facilitate access to care and improve the health of Veterans with the intent to provide the right care in the right place at the right time.

Synchronous (Real-Time)

Requires the presence of both parties at the same time and a communications link between them that allows a real-time interaction to take place. Video-conferencing equipment is one of the most common forms of technologies used in synchronous telehealth. There are also peripheral devices which can be attached to computers or the video-conferencing equipment which can aid in an interactive examination.

Asynchronous (Store-and-Forward)

Involves acquiring medical data (like medical images, biosignals, etc) and then transmitting this data to a doctor or medical specialist at a convenient time for assessment offline. It does not require the presence of both parties at the same time.

Indebted to U.S. Veterans

This edition of our newsletter is coming out around Veterans Day, and so it is our “Veterans Day edition”. Fifty percent of the staff in our program office, VHA Telehealth Services, are Veterans.

I got great pleasure reading the proofs of this edition to see photographs of many of my colleagues in uniform, proudly serving our country to keep it safe from harm. They have continued to serve as we work together in support of their former comrades-in-arms that are now eligible to receive VA care; and to help shape the care future generations of Veterans will receive.

As I saw their pictures, my thoughts and a sense of indebtedness towards Veterans reminded me of an occasion in 2000, about a year after I joined VA. Back then, I was in the southwest of the country at a national telemedicine meeting. While there, I visited the nearby VA Medical Center and VET Center. In the course of visiting these facilities I met many Veterans, one of whom hosted a monthly cable channel show about Veterans and wanted to tape an interview about telehealth.

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As a Veteran who said he had acknowledged his post-traumatic stress disorder (PTSD) with his audience, he wanted to emphasize what he saw as the value of telehealth to other Veterans like him and to help them access care, especially if they lived in rural areas.

Telehealth was still mostly unknown to the vast majority of Veterans; and for many clinicians within VA who delivered their care. During the interview, I explained in detail what telehealth was, how it had come about, and what I saw as its benefit to Veterans.

Then came the question! “You originally came from Britain, what do you know about Veterans?”

It was not meant to trick me or to put me on the spot. It was just a spontaneous thought, one that suddenly came into his head, and so he asked it. It was not on the list of questions he had said he would ask.

Suddenly in the hot seat, I neither thought nor hesitated. “My father was in the British Eighth Army in



Telehealth:
The Ultimate In
Convenience Care

The demand for quick and convenient consultation with doctors has produced plenty of options.

Dr. Teresa Myers, a family practice physician in Copley, Ohio, describes what she can see on her computer screen during a telehealth conference. “You know what HD television looks like. You can actually see the pimples on the actors’ faces,” she says. “I had a patient who was able to shine her iPhone flashlight to the back of her throat. I could see the exudates. If you see that, you can be pretty sure.” A few more questions, as well as having the patient take her temperature and feel and describe her lymph nodes, and Myers felt confident diagnosing strep throat and prescribing an antibiotic.

The consultation started less than five minutes after the patient logged in, cost \$49 and lasted 10 minutes. The patient never left home, learned a few things about examining her own body and, two days later, said she felt much better when Myers followed up.

Published in *US News and World Report* - October, 2013



the Second World War, and fought in North Africa; then came up through Sicily and into Northern Italy in the Italian Campaign.



At that time, my mother was living in West Kirby on the Wirral peninsula in the county of Cheshire, in the north west of England. West Kirby was on the opposite side of the river Mersey from the seaport of Liverpool where freighters delivering “surplus” arms and ammunition from the U.S. to England under “Lend-Lease” were unloaded; if they were lucky enough

Indebted to U.S. Veterans
(continued)

Adam Darkins, MD, MPH, FRCS

to make it across the Atlantic. If the Luftwaffe planes on bombing runs to destroy this precious cargo navigated down the river Mersey in the wrong direction, they mistook homes near the seafront on the opposite bank (Wirral) for the port of Liverpool.

My mother often woke in the morning and, when they came out from the air raid shelter in their cellar, a nearby house had been bombed out.”

“If the US had not supported Britain in the Second World War, my parents would likely have not survived. If they had, it would not have been to enjoy the freedom and prosperity that eventually came about after the War. Most probably, I would not have been around if not for U.S. Veterans.” In June 2003, I drove from Denver to Washington D.C. to relocate; VA

decided to dramatically expand telehealth and I was privileged to be selected to lead this. Along the way, I passed through parts of rural Kansas and Illinois.

As I did so, seeing farms and homes in remote rural places, my reply to the interviewer about what I “knew about Veterans” in 2000, came back to me. As the vast openness of the plains hit me, I felt in awe of how men and

women from remote rural places like this have, still are, and will continue to uphold a spirit of freedom. Going to places they may never have heard of, in far flung parts of the globe to fight for and defend freedom for people they have never met.

I conjectured which of these isolated farms and homes had families who dealt with

loved ones who returned injured or dead, or else never returned and were missing in action.

Once more, this brought home to me the debt people across the world owe U.S. Veterans; many who may not realize it because they were never asked the question. “What do you know about Veterans”?

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Indebted to U.S. Veterans *(continued)*

As a child, the Second World War movies I saw of tank battles in North Africa invariably showed stiff-upper lipped British military men, who if

wounded in battle, clutched their chests and fell to the ground. Their last words were then bravely uttered before they passed away.



At the time, somewhere in the back of my mind was a dissonance. A shell from a tiger tank's 88mm gun would not result in finely scattered shrapnel and so gentle a passing.

The reality of tank warfare in North Africa was brutal to say the least. Now knowing about

PTSD, in retrospect I believe that my father had PTSD, something that was not acknowledged in the 1950's and 1960's. He often alluded to things about his wartime experiences, saying, "I will tell you about it sometime when I can bear to do so." He could never bear to do so. So, I have some direct knowledge of what those hidden wounds are from the perspective of a family member.

I am not a Veteran, but I have great respect for those that were, those that are, and those who will be in the future.

□

The Eminent Pat Ryan, MS, RN *A Very Fond Farewell to a Force to be Reckoned With*

I remember May 21st, 2000 very well. It was my second ever visit to Phoenix and the temperature reached 103 degrees. Walking between the hotel and the nearby convention center was hot, although a dry heat. I was there for the first ever VA national telehealth meeting which was taking place alongside the fifth American Telemedicine Association meeting. For this obvious reason, it was a memorable event. But another striking happening from that meeting makes me smile broadly as I think back. As she would frequently say, "a shy nurse from Florida came up and introduced herself to me". This shy retiring nurse was Patricia Ryan.

For anyone who knows Pat the words "shy and retiring" do not apply, she is a force to be reckoned with. As soon as I met her and heard about the plans for home telehealth in VISN 8, I sensed we would work together in the future. Little did I realize that this "working together" would be as close colleagues for over ten years? Our partnership to guide and support telehealth in VHA has

helped bring it to where it is now with 610,000 Veterans receiving telehealth-based care in 2013 via 1.7 million episodes of care.

When Pat told me in late September that she was thinking of retiring this November, I had mixed feelings. Typical of Pat, she found a time when we could meet together in person to share her news. The occasion was the broadcast for the 2013 VHA National Virtual Telehealth Meeting in Washington D.C. Pat and I have a particular emotional affinity related to satellite broadcasts, making this a fitting time to hear her news.

On September 12th, 2001 Pat and I did a satellite broadcast on telehealth from the Washington D.C. Medical Center, the day after 9-11. For both of us, vivid memories of that day are a deserted Washington D.C., a shell-shocked medical center, and from a nearby hotel, seeing the black smoke coming up from the Pentagon. A friend of Pat who was working at the Pentagon had seen American Airlines Flight 77 hit the Pentagon.



Using telehealth to support our troops, and those separating from the military after serving in Iraq and Afghanistan, added another intensely personal element for us. There is a sense of harmony in how, with the conflict in Iraq over and that in Afghanistan drawing to a close, Pat is retiring.

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The Evolution of the Stethoscope

National Telehealth Training Center, Denver

Digital stethoscopes have been a Telehealth Clinical Cart peripheral resource for over a year. The CareTone Stethoscope consists of a sending unit and a receiving unit.

The sending unit contains a high-quality chest piece, power indicator light and stereo headphone jack. The receiving unit, which will be located at the Provider site, includes headphones, volume control, and a switch to select bell or diaphragm frequency sounds.

The CareTone IP Management System (CIMS) allows Telehealth clinicians to connect CareTone senders and receivers to an IP network via a Secure Sockets Layer (SSL) encryption. The system operates independently, without the necessity of a data channel from a video conferencing system or computer at each clinical location. According to the CIMS Communication Plan, this technology will allow providers to listen to Veterans' heart, lung, and bowel sounds in real time from remote locations. A single CIMS national server has the capacity to manage thousands of digital stethoscopes.

The addition of the CareTone Adapter creates the ability for the CareTone digital stethoscope to operate from an IP address independent of the Clinical Care Cart IP address. The thought behind operating over separate IP addresses was to alleviate concerns the Telehealth clinicians expressed previously; the video conferencing of the telehealth encounter would interfere with the tones generated through the digital stethoscope.

The CareTone Adapter provides for the video conferencing and digital stethoscope signals to operate on separate IP addresses, while both signals are directed through a single Ethernet wall jack. OI&T will configure ethernet ports to deliver and receive two independent IP addresses through a single wall jack.

Sam Mata and Michael Lewis, both with the National Telehealth Training Center, Denver, have been working

with a team of Subject Matter Experts (SMEs) to test the CareTone digital stethoscope using the CareTone Adapter.

They were tasked with determining limitations of the digital telehealth technology. The SMEs in the testing phase are specialty providers from cardiology, pulmonology, and primary care. The National Telehealth Training Center, Denver, purchased a sound simulator/generator to ensure heart and lung tones were consistent and of equal quality throughout the testing period.

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Innovations in Store-and-Forward Telehealth Training

National Telehealth Training Center, Boston

Store-and-Forward Telehealth training programs have evolved over the years, not only in terms of scope, but also employing a training methodology that allows for more efficient delivery of content.

Dating back to April 2006, when the first TeleRetinal Imager and TeleRetinal Reader training programs were offered by the National Telehealth Training Center, Boston, new developments in technology, improved electronic content delivery systems and enhanced video-conferencing has greatly improved our ability to deliver training programs. Collaboration among the three National Training Center locations (Boston, Denver and Florida) and the use of technology solutions and platforms built for education has also facilitated carrying out training programs.

One of the important strategic initiatives for Telehealth Services' National Telehealth Training Center for FY2013 is to strive towards a more

integrated presence in the Telehealth community. The National Telehealth Training Center staff collectively took on the challenge of reviewing many of the systems, nomenclature of the offerings and organizational precepts, several of them overlap to create a more integrative approach to training.

There is potential for further collaboration between staff at the National Telehealth Training Center three locations, since some of the administrative processes are redundant. This is especially true with the Clinic Based Telehealth programs. There is a synergy between the Telehealth applications for Clinical Video Telehealth and Store-and-Forward Telehealth, especially as it relates to training of TelePresenters. There are also general Telehealth courses meaningful and appropriate for Telehealth Preceptors and Master Preceptors and for the first time, some of these courses are included in the curriculum for all three Telehealth preceptor programs.

Through increased collaboration and more extensive use of learning management systems,

we have been able to facilitate a better training environment for TelePresenters in almost all Clinic Based Telehealth activities.

Home Telehealth and Clinical Video Telehealth have historically relied on virtual training as a method for delivering their curriculum content. Early Store-and-Forward Telehealth programs, on the other hand, have mostly required a hands-on, face-to-face approach for skills transfer. The nature of the programs, namely techniques-based competencies, until now have limited the use of technology in delivering the entire curriculum. However, all of that is changing; new technology platforms are now available to enhance all aspects of the training experience, including for techniques-based competencies. Online learning environments can now be created using technologies that allow for more interactive, self-paced learning for Store-and-Forward programs. With this in mind, sixty-five percent of the Store-and-Forward Telehealth training curriculum for techniques-based competencies have been converted to an electronic, virtual format.

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Making a Difference Through Technology

National Telehealth Training Center, Florida

This edition we are focusing on older Veterans and technology and how Home Telehealth has affected the lives of our Veterans.

To truly grasp how Home Telehealth makes a difference, it is important to understand how the use of technology has made slow progress. According to an article published in June 2012 in the New York Times, Pew Research Studies show only 54-percent of Americans age 65 and older have access to the Internet.

The research also shows among Americans age 77 or older this percentage drops to only 33 percent. Many of these same Americans, according to the study, do not use computers, mobile phones or other information technologies.

Part of Telehealth Services' role in delivering Home Telehealth is to help Veterans overcome any fear or distrust they might have related to the use of technology for supporting their health. We

can make a real difference in the lives of Veterans by helping them master messaging devices or Interactive Voice Response systems. Once they have mastered these technologies, it may open the door for them to feel comfortable using other technology, such as computers, tablets and smart phones.

Earlier this year, the National Telehealth Training Center, Florida, interviewed Veterans in Florida to ask how Home Telehealth had made a difference in their lives. Here are some of the responses we received.

One Veteran was enrolled to the Home Telehealth Program in

February 2012 with diabetes and needed to lose weight to improve her glucose control. She started with a weight of 251 pounds, a BMI of 40.89 and an A1C of 6.0.

The Veteran was enrolled into the Home Telehealth program using the Weight Management DMP with an in-home messaging device and a weight scale.



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Enhancing Consultations with the help of Telehealth

By Davud Sirjani, MD and Beth Walker, VISN 21

Imagine having your consultation with a specialty doctor completed in one hour instead of a one-day trip. Some Veterans in New Mexico requiring specialized ENT cancer surgery used to travel over 2,000 miles round trip for a consultative visit at the VA in Palo Alto, California.

Now they can stay much closer to home by using telehealth technologies. The VA Palo Alto Health Care System's Chief of Otolaryngology and specialist surgeon, Dr. Davud Sirjani, MD, and James D. Rayl, MSN, ACNP-C, CCRN at the VA in Albuquerque, New Mexico have teamed with Telehealth leaders Stephanie Maturino-Nix and Beth Walker, in this successful quest to provide the right care, at the right place, at the right time. Over the past six months, three patients requiring complex head and neck cancer operations from New Mexico have received their operations

at the VA in Palo Alto. In each case, there was a provider to provider consultation to discuss the patient's medical findings via a videoconference call (SCAN-ECHO*); followed by a Clinical Video Telehealth visit to discuss the risks/benefits and goals of the operation with the patient.

The patients had all their preoperative work completed in New Mexico, which included a biopsy, imaging, and preoperative surgical clearance. The data was forwarded to the VA Palo Alto and reviewed for confirmation at their Multidisciplinary Tumor Board (joint with Stanford). After a consensus was established on the treatment plan, the patients were scheduled to arrive at VA Palo Alto prior to surgery for an in-person visit with the surgeon and anesthesiologist, and operated on within three days. Patients were then discharged back to New Mexico once they were medically stable. So far, one patient has had a follow-up visit via Clinical

Video Telehealth, with plans of expanding this service to others as necessary.

Head and neck surgical oncology requires highly specialized fellowship training to remove the cancer and reconstruct the defect. Only a few programs in the country produce surgeons who can perform both tasks. This shortage has led to specialty care being provided by only some VA facilities. If the three ENT Oncology surgeries completed at VA Palo Alto would have been fee-based to one of these specialists at an academic center, the total costs would have exceeded \$600,000. Reduction in travel has also saved the Albuquerque VAMC \$12,000 in travel pay expenses.

Clinical Video Telehealth is the solution to help triage Veterans to receive proper care. It works well for the consultative visit in head and neck cancer because almost all the data required for

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VHA Telehealth Services: Veterans on Staff

Still Proudly Serving

Carla Anderson



Carla Anderson joined the Indiana Army National Guard in Indianapolis, Indiana in 1993 and was assigned as Operating Room Nurse in the 149th M.A.S.H. Anderson completed two friendly health-related missions. She traveled to Panama and then later to Costa Rica where she provided basic health information, basic medical and dental care and immunized over 5,000 children at each location.

During Anderson's tenure in the National Guard she received a special assignment to pro-

vide HIV/AIDS training to all guard members across the state and she trained over 2,000 National Guard service men and women in a two week period. Anderson received the Army Achievement Medal for this service. Anderson's Unit was closed in 1998 at which time she joined the ready reserves and served until 2003.

Anderson became involved in Telehealth in 2000 when she was working as the Director of HBPC at the VA in Indianapolis, Indiana. Anderson was a part of a study to look at the use of video technology within home care to determine how it would work compared to in-home visits. Her career with telehealth took off from that point. Now as a Quality Manager with Telehealth Services, she enjoys her role as a consultant and working towards a better tomorrow in health care using Telehealth.

Marcia Dunn



Master Sergeant (MSG) Marcia Dunn served with the U.S. Army for five years (1985-1990). She was stationed in Fort Jackson South Carolina, Fliegerhorst Kaserne in Hanau German, Fort Myers and Fort McNair, Virginia.

After her departure from the active army, she continued her military career with the U.S. Army Reserve until her retirement. During her tenure with the reserve, Dunn successfully completed training at the Sergeant Major Academy in El Paso, Texas.

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VHA Telehealth Services: Veterans on Staff *(continued)*

In February 2007, Dunn joined Telehealth Services as the Contract Officer Representative /IT Liaison for the Home Telehealth national contract. In December 2012, she was reassigned to serve as the Executive Assistant.

Junius Lewis



Junius Lewis joined the Navy in Richmond, Virginia in 1983 and later attended Officer Candidate School in Newport Road Island in 1987. Upon completion of Officer Candidate School, he was assigned as Administrative Officer at Naval Hospital Portsmouth Virginia. Additionally, he served as Administrative Officer and Medical Regulator onboard the *USS Inchon*, *USS Enterprise*, *USS John F. Kennedy*, *USS Comfort*, and *USS Eisenhower*.

Lewis was forward-deployed to set up the first desert hospital in Saudi Arabia during Desert Storm/Desert Shield where he served as Head, Patient Administration/Director for Administration. He also served as Executive Officer for Administration Sewell's Point Branch Medical Clinic, Norfolk, Virginia, Administrative Officer, Naval Hospital Okinawa, Japan, Administrative Officer and Medical Regulator Fleet Surgical Team Little Creek Virginia, and many other demanding positions of responsibility. He received several

awards and commendation for his years of honorable service. He retired at the rank of LCDR in 2004.

Lewis came onboard the VA in 2004 as a Program Analyst with Telehealth Services. His primary responsibilities rest with Store-and-Forward Telehealth modalities.

Bruce Jones



Bruce Jones joined the Air Force in Columbus, Ohio in 1977 and attended basic training in Lackland AFB, San Antonio, Texas. During his career, he was assigned to the Air Force Commissary Services and the Department of Defense Commissary Agency while completing assignments at Scott AFB, Illinois, Clark Air Base Republic of the Philippines, Kelly AFB Texas, Aviano Air Base Italy, Fort George Meade, Maryland, and Davis-Monthan AFB Arizona.

As a Commissary Management and Computer Specialist, he was part of a select team that implemented barcode scanning, electronic inventory, and accounting systems into the Air Force and joint services commissary systems worldwide. He received numerous awards and commendations to include the Air Force Outstanding Airmen of the Year Award. Bruce retired in

1998 as SMSgt (E8). Currently, he is completing his doctoral research and dissertation with the University of Phoenix.

Jones joined Telehealth Services in 2011 and performs duties as a Program Analyst—where he revels in serving his fellow Veterans.

Mike Lewis



Mike Lewis joined the U.S. Navy in Albuquerque, New Mexico and attended Boot Camp in San Diego in 1987. From there, he became a qualified Deepsea Diving Medical Technician. Three years later, he qualified as a Navy Saturation Diver (qualified to a depth of 2,000 ft.) while stationed at the Navy Experimental Diving Unit; in 1995 he graduated from the Deepsea Diving Independent Duty Hospital Corpsman school. Lewis qualified in Diving and Salvage Warfare Specialist and a Salvage/Construction Demolition Diver. During his career, Lewis had the opportunity to dive under the ice in Norway at night, alone, and completed a tour aboard the *USS Brunswick* as the only medical provider on a Salvage Ship with a crew of 125, steaming around the South China Sea. Lewis received four Navy Commendation Medals; six Navy Achievements Medals, five Good Conduct Medals, two National Defense Medals, NATO, Kosovo Campaign and many other medals and ribbons.

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VHA Telehealth Services: Veterans on Staff *(continued)*

Lewis retired as a Navy Chief Petty Officer in 2009 and became the Lead Telehealth Clinical Technician for the Eastern Colorado Health Care System in Denver. Lewis is now an Education Training Specialist working at the National Telehealth Training Center in Denver, Colorado.

Sam Mata



Senior Chief Master Diver/Deep Sea Diving Independent Duty Hospital Corpsman Samson Mata retired from the U.S. Navy after 26 years of honorable service. Mata's duty stations included San Diego, California; Great Lakes, Illinois; Camp Pendleton, California; Okinawa, Japan; Naval Magazine, Guam; Yuma, Arizona; Panama City, Florida; Naval Station, Guam; USS Beaufort, Sasebo, Japan; Underwater Construction Team Team-2, California; Explosive Ordinance Disposal Mobil Unit-11, Washington; San Diego, California; Mobile Diving and Salvage-II, Puerto Rico; Explosive Ordinance Disposal Mobil Unit-4, Manama, Bahrain; Explosive Ordinance Disposal Mobil Unit-8, Sicily; Explosive Ordinance Disposal Technical Division; and Explosive Ordinance Disposal Unit-8, Rota, Spain.

Mata is an Education Technician at the National Telehealth Training Center, Clinical Video Telehealth Training Team, in Denver, Colorado.

Kevin Joyner



Kevin Joyner joined the U.S. Navy in Richmond, VA and retired as a Navy Chief, Surface Force Independent Duty Corpsman. He was stationed and deployed with the U.S. Marine Corps for 14 of his 20 years.

Joyner was in the ground assault during Operation Desert Shield/Storm and his last deployment was as an individual augment in support of Operation Enduring Freedom with SEAL Team 1.

Joyner joined the Telehealth Services team just over a year ago as a Program Analyst and is now the Contract Officer Representative (COR) for the Home Telehealth program.

Dave Palazzolo



Dave Palazzolo joined the U.S. Army in 1993 as a Broadcast Journalist. After graduating the Defense Information School (DINFOS) specializing in video production, Palazzolo was assigned to the 358th Mobile Public Affairs Detachment. Palazzolo did two assignments at the U.S. Army War College in Carlisle, Pennsylvania and deployed to the Former Yugoslavia (Bosnia-Herzegovina) in 1995-1996 where, among many other epic adventures, was able to yell "Good Morning Bosnia" on AFN Radio (but only once). Palazzolo was awarded five Army Commendations Medals for his efforts in Soldier Support and received his Honorable Discharge in 2001.

Palazzolo came to VHA Telehealth Services in 2007 after almost ten years as a Public Affairs Specialist with the U.S. Forest Service and works as the Public Affairs and Visual Information Specialist. He is responsible for all our internet-based resources, newsletters, posters, and artwork.

Deidre Stallings



Deidre Stallings served from 1977-1981 as a security/law enforcement Airman with the U.S. Air Force. She was stationed in Florida and the Philippines. In 1988, Stallings re-joined the Air Force as a Commissioned Officer in the

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VHA Telehealth Services: Veterans on Staff *(continued)*

Nurse Corp. She initially served at Wilford Hall Medical Center, San Antonio, Texas. During the first Gulf War, Stallings was stationed in the United Kingdom. After three years in England, she was stationed in Alaska. During her time in Alaska, Stallings was serving on an “away team” preparing an Alaskan village for a Military Medical Exercise to help Active Duty medical staff experience and learn how to work in cold, harsh, primitive environments and got a real taste of life in minus 70 degree blizzards. Stallings spent 13 years on Active Duty then joined the ground floor in the development of the Alaska Federal Health Care Partnership as a VA employee but an Air Force asset.

Stallings is a Home Telehealth Training Specialist for the training Center in Florida.

Ron Wilkins



LTC (Ret) Ron Wilkins served over 20 years in the U.S. Air Force Active and Reserve components. Active Duty assignments were at Keesler Air Force Base, Mississippi and Wilford Hall Medical Center, Lackland Air Force Base, Texas. Wilkins was activated four times in support of Operations Northern

Watch, Enduring Freedom, and Iraqi Freedom. He also provided Nursing support to humanitarian missions on underserved Indian Reservations and in South America. These assignments took Wilkins to Germany, Iraq, Turkey, South Korea, Peru, and Rosebud, South Dakota.

Wilkins is an Education Specialist at the National Telehealth Training Center, Clinical Video Telehealth Team in Denver, Colorado. □

The Eminent Pat Ryan *(continued)*

Back to my mixed feelings last month on hearing Pat’s news; I knew as Pat looked at me and said “I am retiring in November”, the time was right for her. My immediate feelings were of happiness for Pat. I will miss working with her, as will many people within and outside VA who are the “community” that make telehealth in VHA what it is today. But in writing this, I want to celebrate Pat and not dwell on us, and how we will miss her as a colleague.

Pat you are as much a force to be reckoned with now, as you were back in 2000. But, now when you say you are “shy and retiring” you are half right! You exemplify the very best in VHA. Your selflessness, professionalism, and single-mindedness toward improving the lives of Veterans inspire these same qualities in all those you work with. On behalf of VHA’s extensive telehealth community, I offer our collective, and my personal, heartfelt thanks for what you have helped us achieve. After

30 years with VHA you leave a huge legacy in terms of hundreds of thousands - if not millions of Veterans, touched by your dedicated work. It was VHA’s great fortune that you brought a wealth of experience in geriatric care to Home Telehealth and coordinating care. We wish you a long, happy and healthy retirement, one as fulfilling as you have helped so many Veteran’s achieve.

- Adam

□

Lorraine Smith *New Staff*

Lorraine Smith joined the Store-And-Forward Telehealth National Training Center, Boston, as an Education Technician. Smith, a U.S. Marine Corps Veteran who served during the Gulf War campaigns, spent most of her service at Camp Pendleton as support staff within the School of Infantry. After moving to Boston, Smith received her Bachelor’s degree in sciences and is nearing completion of a Master’s in Education. When asked what she wants to do

with her degrees, Smith said that she would like to work with adult learners in creating educational software programs that are based on proven cognitive research. Smith is extremely excited about working in telehealth and sincerely hopes her skills will be of value to our mission.

The Evolution of the Stethoscope *(continued)*

According to the Training Center specialists, results of the testing by the SMEs have been very positive. The vendor claims the digital stetho-

scope has a better frequency range than the typical “around-the-neck” stethoscope, and the SMEs are inclined to agree.



Current plans are for the digital stethoscope to be a Clinical Video Telehealth (CVT) Clinical Care Cart peripheral. As discussed previously, the digital stethoscope will be an addition to the Clinical Care Cart at the Veteran site. The TelePresenter will have a headset and will hear the same heart, lung, and bowel sounds as the TeleProvider at the distant site. The TeleProvider will have a pair of headphones to listen to the digital tones generated at the Veteran site, and the TeleProvider will have the ability to control the digital tone volume at the far end site. Headphones at each site allows for “two sets of ears” to participate in the Veteran Telehealth exam.

Although the immediate plans are to use the digital stethoscopes in Clinical Video Telehealth specialty care encounters between VAMCs and CBOCs, the technology is conducive to CVT into the Home and Home Telehealth. □

Innovations in Store-and-Forward Telehealth Training *(continued)*

Some of the technologies that have enabled this conversion include Adobe Connect, Microsoft Lync and Blackboard. These applications enhance our ability to deliver Store-and-Forward Telehealth programs more efficiently and more comprehensively in many cases, and in a more convenient manner for the learner.

For example, Blackboard allows for data analysis and most importantly documentation of attendance, number of courses offered and taken, and hours of training. We are also looking at solutions for creating a virtual environment for the techniques component of Store-and-Forward Telehealth training. Custom animation is one solution, but it is frequently cost-prohibitive. Video production is another option, but, again, capturing

the critical elements of the techniques, especially with fixed devices like digital retinal cameras, is sometimes very challenging. One potential solution the Store-and-Forward Telehealth Training Team is exploring is the VA SimLEARN; a simulation learning and education network.

Simulation learning has enormous potential to create real-life scenarios for the trainees and in promulgating and promoting best practices. The system can also be used for ongoing competency evaluation and for remedial training. Other applications, including eLearning and My Telehealth allow for relatively easy and quick development of courses that can be offered on short notice and cover very specific topics.

Further incorporation of technology into the landscape of our programs has greatly enhanced the ability of the National Telehealth Training Center, Boston, to expand our portfolio of offerings and to provide a facile, convenient and timely way to deliver training. As technology evolves, as new modalities and telehealth applications are developed, and as the operating characteristics of medical devices become less user dependent, there is an exciting opportunity for the National Telehealth Training Center to grow programs quickly. To respond to the ever changing environment of telehealth, maintaining and subscribing to an agile approach will allow us to continue to offer timely, comprehensive and up-to-date courses to our respective communities. □

Telehealth Quality Peer Review By Claire Marty

Telehealth programs need to guarantee the highest quality of care to the Veterans served and the virtual nature of Telehealth provides challenges to this guarantee.

Peer review is one means for Telehealth teams to provide internal monitoring of the quality of programs and the data required to implement any needed performance improvement (PI).

VHA Telehealth Services' Quality Managers have been encouraging the use of a peer review process to provide internal program monitoring for a number of years and many programs have begun to formalize this process. This article will provide some background as well as implementation guidance as peer review becomes part of the overall performance improvement strategy in all Telehealth programs.

The peer review process stimulates professionalism through increased accountability and promotes self-regulation of practice. Peer review of an individual's clinical practice is both an organizational function and a professional responsibility to contribute to improving the quality of care and appropriate utilization of health care resources.

A broad definition of peer review incorporates aspects from the American Nurses Association (ANA) and Institute of Medicine and the American Medical Association (AMA) definitions: Peer review is the process by which clinicians continuously, critically and systematically assess, monitor, and make judgments about the quality of care provided by peers as measured against standards of practice.

The Institute of Medicine suggests peer review sets criteria to evaluate others' work to include developing guidelines, solving practice problems,



and making changes to improve the quality of care; in essence performance improvement. It is also important to note peer review for performance improvement is not the same as a protected peer review process to investigate untoward patient outcomes or the peer review used to evaluate publications.

The goal of peer review is "the promotion of the highest quality of care as well as patient safety" (AMA). In Telehealth, all clinicians are encouraged to be involved in this process, as peer review provides an opportunity to improve care, patient safety, documentation, communication, and processes of care. It may also help to build teams, improve job satisfaction, and provide the vehicle to share best practices.

Using the peer review practice principles below (which are based on the ANA Guidelines), helps ensure a consistent, evidence-based approach to peer review.

Principle #1: A peer is someone of the same rank. Establishing clear boundaries and definitions for peer groups is essential for creating effective

peer-review processes. Peers have the same education and training.

Principle #2: Peer review is practice-focused. Peer review provides a mechanism to ensure that standards of care are addressed. Effective peer review incorporates evidence-based practice and quality and safety standards, with a focus on outcomes.

Principle #3: Feedback is timely, routine, and a continuous expectation. To achieve continuous quality outcomes, organizations must create structures and processes that support dynamic feedback loops at all levels, starting at the point of care. Clinicians also need new peer-review processes that move beyond traditional static processes (such as audits) to continuous and "just-in-time" models.

Principle #4: Peer review fosters a continuous learning culture of patient safety and best practice. Peer review done in the VHA framework of a learning organization and a just culture helps staff feel safe.

(Continued Page 15)

Making a Difference Through Technology *(continued)*

Since her enrollment, she has lost enough weight to be eligible to have much-needed bilateral knee replacements. She was discharged from the Home Telehealth program in July 2013 after successfully meeting her goals.

Her weight at discharge was 218 pounds, BMI was down to 36.52, her A1C decreased to 5.2 and her diabetic medication dosage was reduced due to improved blood sugar level control. She continues to keep in touch with the Home Telehealth program and is still losing weight.

Another Veteran was enrolled in Home Telehealth for multiple health issues which required him to lose weight. He and his wife had been trying to lose weight together. His baseline weight at enrollment in January 2013 was over 212 lbs and his wife's baseline weight was 205 lbs. The

Veteran was enrolled into the Home Telehealth program using the Weight Management DMP with Interactive Voice Response (IVR) technology and a talking weight scale.

In August of this year, the Veteran's weight was down to 189 pounds and his wife's weight was down to 167 pounds. When asked how the technology had helped him and his wife, the Veteran responded the program and technology made the couple more aware of living a healthier lifestyle.

The Veteran and his wife agreed the Home Telehealth program was "easy and user friendly." The Veteran's wife said "This program has made a difference to us because it helped both of us lose a lot of weight and now we are more active and are enjoying life in our old age."

When asked about how the program made a difference in her life, she said "It helped because I could not cheat. Getting on the scale everyday made me stay on track. I wanted to stop many times but my Care Coordinator encouraged me to keep going. I didn't like the program at first, especially weighing myself every day, but that's what helped me the most."

These Veterans were somewhat apprehensive and skeptical about Home Telehealth technology when they were first enrolled. The true impact of the Home Telehealth Program has been the ability to take the technology and insert it into existing clinical programs with dedicated staff. After all, it's not the technology but what you do with it that makes the real difference. □

Care Coordinators *VISN 5*

The staff in Home Telehealth at the Martinsburg VAMC (VISN 5) used their artistic talents to depict the many roles of Care Coordinators. They held a meeting to brainstorm the various roles and came up with a long list. The Program Director looked for props that could depict as many of the roles as possible.

Care Coordinators selected the "character" they felt matched themselves and, wearing their telephone headsets, each posed with their prop for a photograph. When the snapshots were developed, the crafters went to work. They brought in their scrapbooking supplies to embellish the pictures with fancy frames and thematic decorations.

Everything was mounted to a large bulletin board atop a map of West Virginia. Push pins indicated the range of their territory, which covers 23 counties in four states: southern Pennsylvania, western and northern Maryland, eastern West Virginia, and northern Virginia. String emanating from the marker of the medical center represented telephone lines; and the slogan, "Right Care Right Place Right Time," was placed in the center.

The bulletin board won first prize during a Nurse Week poster contest. A tri-fold display poster was produced by the Education/Learning Resource department

using a photograph of the board enlarged to a poster sized image. The team is using the tri-fold version when they make their marketing calls to PACT teams in the hospital and at CBOCs.

Patients enjoy seeing their care coordinator because patients do not always have an opportunity to meet them face-to-face since they work across campus in an inaccessible building. The bulletin board display is in the main hospital and they bring as many patients to see it as they can. The Martinsburg Care Coordinators said "this was a fun and useful way to apply the art of health-care to market the program to Providers and promote a positive image to our Veterans."



Telehealth Quality Peer Review *(continued)*

A continuous learning culture shifts the focus from individual learning to organizational learning and fosters a common commitment to achieving and sustaining desired quality and safety outcomes. Timely and continuous peer review provides the means for an effective systems-centered approach to error reduction. Targeting peer-review activities at the point of care encourages staff to take an active role in monitoring and improving clinical quality and safety outcomes. Through collaboration, peers promote the ownership and accountability for outcomes within the Telehealth work group and can yield creative solutions to identified issues.

Plan - Take a close look at the areas that need improvement in your program. Consider talking to stakeholders; review the last Conditions of Participation citations, and any existing outcomes or other performance data. This may assist in identifying areas most in need of performance improvement.

Do - Develop a pilot peer review tool.

Check - Does the plan address the need?

Act - Implement changes and continue P-D-C-A cycles to address additional needs and/or refine the actions for effectiveness, develop and implement a performance improvement plan.

the note include SMART goals, individualized treatment plan and evidence of collaboration with the interdisciplinary team?

2. Review the quality of the Intervention notes. Do they include the identified concern and the intervention? Do they also include evidence of case management, patient education and medication management as appropriate?

Clinical Video Telehealth

1. Facility Telehealth Coordinators should review the Telehealth Service Agreements. Do they include all required content elements? Is the content clear, relevant and specific so that safe and effective care can be provided? Have the Telehealth Service Agreements been updated in a timely manner, as needed, and as required?

2. TelePresenters, should review the elements of the consult/note for patient education. Have all consults been completed in a timely manner per policy?

Store-and-Forward Telehealth

1. Facility Telehealth Coordinators should review the Telehealth Service Agreements and policies. Do they include required content elements? Is the content clear, relevant and specific so that safe and effective care can be provided? Are they up to date? Have they been updated in a timely manner, as needed, and as required?

2. Provide review documentation. Is there clinical documentation to indicate appropriate clinical follow-up needed based upon the consultation provided?

3. Imagers review documentation. Does it include patient education? Is the initial consult completed in the required timeframe?



Each Telehealth modality is encouraged to develop a peer review process locally and/or across the VISN. While this performance improvement activity may seem daunting, using the Plan-Do-Check-Act model of continuous improvement will help guide teams to take peer review and the associated performance improvements in thoughtful and incremental steps.

Examples of practice elements that may be considered for inclusion in an initial peer review tool are offered for consideration.

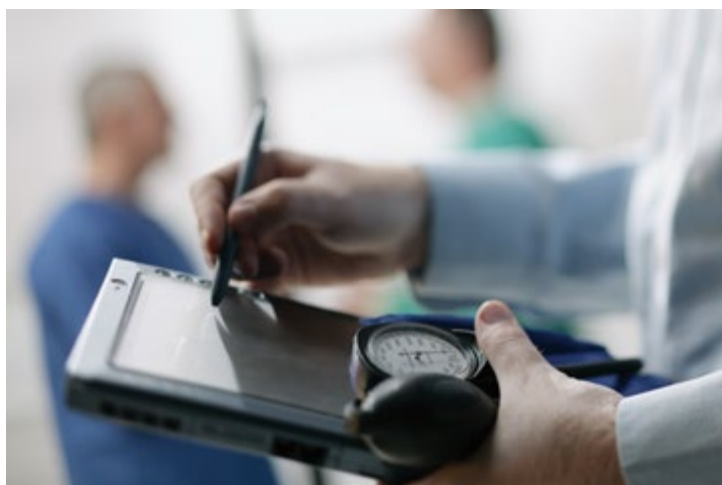
Home Telehealth

1. Review the quality of the Assessment/Treatment Plan note. Does the assessment/review of systems provide enough information to create a comprehensive treatment plan? Does

(Continued Page 16)

Enhancing Consultations with the help of Telehealth *(continued)*

surgical planning is objective in the form of tissue biopsy and imaging. This data can be forwarded to the treating facility prior to the operation.



Using Clinical Video Telehealth for the consultative visit is also convenient because the Veteran does not need to fly thousands of miles for a face-to-face visit prior to surgery. Historically, doctors examined the patient in person and scheduled surgery several weeks later. Patients were anxious and frustrated about making such a long journey just for an examination that did not change the operative plan, because Dr. Sirjani and staff always plan for the worst-case scenario anyway. Now, the consultative Clinical Video Telehealth

visit actually allows more attention to be focused on the Veteran and the patient-doctor relationship; this is vital during the consent process. Dr. Sirjani and VA Palo Alto are grateful for facilities like New Mexico for preparing the Veteran for surgery with all the necessary tests.

The most common head and neck cancer is squamous cell carcinoma, and its growth rate can be alarming. VA Palo Alto's clinic treats this illness in a manner similar to a trauma protocol. It is preferred that no more than three weeks pass from the time of patient referral to the time of surgery.

Clinical Video Telehealth has allowed this objective to be met by eliminating the in-person consultative visit. The prior system of traveling back and forth resulted in a delay of surgery. Furthermore, there is always the concern of patients traveling with advanced cancers. Now we have the capability to speed up the process to surgery to two

weeks, resulting in an overall better prognosis.

In addition, using Clinical Video Telehealth technologies for the provider to provider consultation as well as the telehealth patient visit enhances professional relationships and development. Unlike a telephone call, a videoconference call elevates the relationship of the care team and builds bonds and loyalties between the providers who are collaborating to provide the best care for the Veteran. This facilitates better communication and strengthens professional relationships between participating health care systems, which help to better serve our Veterans.

The Clinical Video Telehealth surgical consultative visit offers many benefits. It is convenient for the patient, allows a shorter wait time to surgery, and provides easy access to highly subspecialized surgical care that is very cost-effective for the system.

*SCAN-ECHO = Specialty Care Access Network-Extension for Community Healthcare Outcomes.

Content contributions: J.D. Rayl, Ella Benadam-Lenrow, Barbara Flores

Telehealth Quality Peer Review *(continued)*

The VHA National Nursing Strategic Plan 2013-2018 states nursing qualification standards provide a basis for the nursing peer review process. In Telehealth, the Conditions of Participation, position descriptions, and competencies may augment the qualification standards and make the review elements specific to each Telehealth role. It is essential all staff involved in Telehealth services continuously strive toward excellence in patient care. A peer review process with the associated performance improvement may assist in guaranteeing the "right care, at the right time, at the right place".

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Nationwide VISN Telehealth Updates

VISN 3

As part of our effort to promote Virtual Care, VISN 3 has created a series of Telehealth Minutes; one minute videos narrated by Telehealth Clinical Technicians who are also Veterans, explaining the benefits of Clinic Video Telehealth. These very practical videos have served as a great marketing tool within the Network. Additional Telehealth Minutes, featuring Home Telehealth, TeleDermatology and TeleRetinal Imaging, are planned.

VISN 3 Telehealth Veterans

John J. McCloud



CAPT John J. McCloud IV (ret.) Joined the Navy from Goshen, New York and attended Great Lakes Basic Training in 1984 where he went on to serve on two carriers; the *USS Constellation* (CV-64) and *USS Carl Vinson* (CVN -70), as an Air Traffic Controller Second Class Petty Officer. McCloud left the Navy for

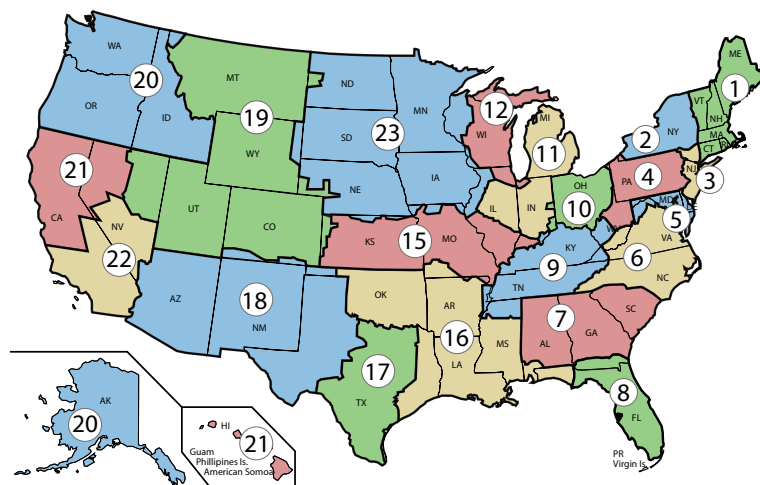
a stay in the New York Army Guard 342 FSB Co B det C Newburgh, New York where he was a Supply Sergeant and Weapons Non-Commissioned Officer until May 1995. McCloud then finished out his career at Stewart Air National Guard Base, Newburgh, New York where he was an Aerial Porter Technical Sergeant and a Nurse.

McCloud retired from the Medical Squadron as Captain in 2011. He is currently the Primary Care Nurse for the CBOC in Monticello, New York. McCloud has gotten involved in Clinical Video Telehealth due to taking care of highly rural Veterans. McCloud likes Clinical Video Telehealth due to being able to accommodate most Veteran's needs via Clinical Video Telehealth.

Joel Murns



Joel Murns joined the Army as a combat medic in 1995. He went to Fort Leonard Wood, Missouri for Basic Training and from there he went to Fort Sam Houston for Advanced Individual Training. When Murns completed his initial training, his first duty station



was Schofield Barracks Hawaii, 2nd battalion 5th infantry. While in Hawaii, he deployed to many countries around the world; Australia, Sinai, Japan, American Samoa and Korea just to name a few. While in Hawaii, he was promoted and as a Non-Commissioned Officer, was attached to the Scout-Ranger platoon as their personal medic. His second duty station was with the Army National guard out of Kingston Massachusetts where he was attached to the 1st of the 156 field artillery. He led the medic unit at ground zero for the field artillery providing aid for search and rescue.

After his military service, Murns returned to school. In 2008, he became a physical therapist in the Goshen CBOC where he learned of the Telehealth Clinical Technician position in Monticello through a fellow Veteran and now co-worker. Murns believes Clinical Video Telehealth will be the wave of the future for extremely rural areas.

VISN 6

Durham VAMC – Integrated Neurology Project

VISN 6 has embraced the opportunity to grow services in the area of tele-medicine. As a participant of the National Integrated Neurology pilot, we have embarked on a process to integrate neurological health care services to leverage technology and maximize resource and efficiency in neurological sub specialty care in the VA. One of the primary projects being pursued is provision for remote EEG testing. In the proposed plan, Veterans will have better access to required testing to assess seizure disorders, by virtue of Epilepsy Centers of Excellence hubs and multiple spoke sites. We are extremely excited about the potential of this proposed TeleEEG platform for subspecialty treatment of neurological disorders. The complexity of epilepsy and the research that confirms relationships between many co-morbidities to include Traumatic Brain Injury and PTSD, alludes to the value of leveraging

(Continued Page 18)

Nationwide VISN Telehealth Updates *(continued)*

technology to improve services. We are expecting a significant return on investment with our Veterans reaping substantial benefit of quality healthcare for seizure diagnosis closer to home.

Salisbury VAMC-PTSD Hub

In today's healthcare environment, we are taught the concept of holistic medicine. That is to say we are responsible for treating and caring for the entire individual - Mind, body and spirit - as a whole. With that in mind, it is an honor to be part of a Clinical Video Telehealth program started and lead by Dr. Jessica Walker, PhD.

Dr. Walker and a team of dedicated psychologists based at the W.G. Hefner Medical Center in Salisbury, NC started a Clinical Video Telehealth clinic over a year ago for Veterans afflicted with PTSD. Called the PTSD HUB, this clinic, using state of the art equipment and ground breaking therapy, has made a difference in the lives of many Veterans afflicted with PTSD. Reaching out across hundreds of miles with the use of CVT equipment, the difference made in the lives of these Veterans is virtually impossible to quantify. This Clinical Video Telehealth clinic is now a model for VA facilities across the country.

Richmond VAMC – Liver Transplant Program

By allowing a liver transplant patient in San Juan to receive treatment from specialists in Richmond – without leaving Puerto Rico – Telehealth advances the organization's mission to provide all Veterans with access to quality health services; even those in remote locations. "One of the things that really drives this is the belief there is one VA," explains Phillip Tarkington, MD, Chief of Health Informatics and Telehealth at McGuire VA Medical Center. The VA, he notes, has a mandate to make its resources and specialists equally available to all Veterans, despite physical distance and mobility challenges.

Salem VAMC - Telehealth Brain-CAMP

The Center for Neurocognitive Services (CNS) continues to work towards improving access to services for Veterans in rural areas. As part of this effort, Nathaniel DeYoung, CNS psychology intern, developed the Brain Clinic for Attention, Memory, and Problem Solving (BrainCAMP), with the help of Dr. Brian Shenal. Already, two groups have been conducted via Telehealth between the Salem VAMC and the Staunton CBOC. The group was open to any Veteran concerned about their memory or attention. Veterans with TBI, dementia, or PTSD diagnoses were especially encouraged to attend. Group members learned skills and strategies to improve their attention,

memory, and problem solving. Veterans also learned how lifestyle choices and medical conditions can impact memory, attention, and their ability to think. Veterans who attended the group reported it was very helpful and encouraged CNS to expand the program. Almost all of the Veterans said they would not have been able to attend the weekly group if they would have been required to travel to the Salem VAMC to participate. The BrainCAMP group has now graduated two groups of Veterans. Interest continues to be strong and a third group in Staunton is forming. Based on the feedback received from the Veterans, more mental exercises have been added to make the group even better. CNS is also hoping to expand the range of services offered via Telehealth in the future.

VISN 8

Collaborative relationships have been established between VISN 8 facilities through Telehealth. These efforts have allowed for care to be provided at an alternate site, bypassing the need to seek fee-based care for these programs. VISN 8 has served 47,057 unique Veterans through Telehealth in 2013.

The TelePathology platforms have now been set up in six of seven sites in VISN 8. Clinics have been set up between all VISN 8 sites and the Tampa VA Medical Center. The Tampa Dermatopathologist is providing consultative services on difficult cases via TelePathology with those sites. Tampa has captured 98 new Store-and-Forward Telehealth encounters. The TelePathology Specialist has developed an Operations Manual and works with the Clinical Applications Coordinator to develop standardized consults and templates for use across the VISN.

Collaboration with the Network Mental Health Product Line Manager began early in FY2013 with goal setting for each program and facility toward targeted increases. While CVT into the Home has many potential uses, in FY2013 we focused on the provision of TeleMental Health into the Home through the use of webcam technology. In FY2013, VISN 8 served 301 unique Veterans through CVT into the Home. In addition, in the Clinical Video Telehealth program VISN 8 has provided TeleMental Health Care to 4,372 unique Veterans in VISN 8. Enrollment in the Home Telehealth program for Mental Health conditions is at 470 patients.

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Nationwide VISN Telehealth Updates *(continued)*

VISN 9 Telehealth Veterans

John Hawthorne



John B Hawthorne II joined the United States Army in 1987. He grew up in Bristol, Tennessee, a grandson and nephew of career military men, both combat Veterans. He attended basic training at Ft Knox, Kentucky. Upon graduation, he trained as a Combat Field Medic and a Surgical Technician at Fort Sam Houston,

Texas. Upon completion of his training in Texas, he was stationed at Ft Campbell, Kentucky. Hawthorne was assigned to the 326th medical company of the 101st airborne division, for the remainder of his enlistment. After his first enlistment with the Army Reserve's medical command, he chose to transfer to the National Guard where he retrained as a wheel mechanic, both light and heavy track mechanic and recovery specialist. Hawthorne has remained a member of the Tennessee National Guard since 1996, his total sum of service will be 27 years when he retires in 2014. Hawthorne has done a lot during his career in the military from piloting tanks to flying medical evacuation missions. He has been deployed three separate times for a total of seven years. He served in many different locations around the country and the world to include Germany, Kuwait, and Iraq. He has been under the command of the 2nd Armor division, the 101st Airborne division, the 10th Mountain Division, and many other units. Hawthorne was awarded the Purple Heart - for injuries sustained while on combat mission in Iraq, the Bronze star with "V" device - for selfless service in the face of direct enemy fire, and a Meritorious Service Medal - for service above and beyond the common call of duty. He is very proud to have been awarded these, however he said, "I simply did my job. Nothing more".

Hawthorne became interested in telehealth due to the fact that he was unable to function as a surgical assistant any longer in his civilian job after returning from Iraq with injuries that prevented him from standing long periods. Hawthorne loves his job with the VA and feel this is the cutting edge of health care for the future. He has not worked away from the medical field since joining the military. Hawthorne said "I am a disabled Veteran and I feel it is my honor and privilege to serve my fellow Veterans in another capacity as a Telehealth Clinical Technician".

Wes Hardin



John Wesley Hardin joined the United States Air Force in Elizabethton, Tennessee in 1981 and attended Basic Training and Technical School at Lackland Air Force Base, San Antonio, Texas. From there, Hardin was assigned to the National Imagery and Mapping Agency and then to Incirlik Turkey for the next five

years, supporting all Theater Tactical Communications. In 1989, Hardin was assigned to the Tactical Rapid Deployment Force assembled at Moody Air Force Base, Georgia where he deployed to Desert Shield/Desert Storm. Upon return from Desert Storm, Hardin was assigned as Instructor and then as Instructor Supervisor over the Tactical Communications Technical School at Keesler Air Force Base, Biloxi, Mississippi. In 2000, Hardin was reassigned to the 9th Air Force, Shaw Air Force Base, SC as Tactical and Combat Communications engineer. In this role, he served three tours in OEF/OIF before retiring in 2005. Hardin was responsible for all the initial tactical communications deployment for the OEF/OIF/HOA theaters.

After completing 25 years military service, Hardin became a contractor with the 66 Military Intelligence Brigade, Darmstadt Germany to continue my service. He was deployed multiple times over the next five years as the technical element of a rapid response intelligence team. In 2010 Hardin returned to his home in East Tennessee. He left the defense world and the only option left to serve his fellow Veterans was to gain employment with the local VA Medical Center in the IT department. Hardin spent the next three years building their Telehealth network from scratch and earlier this year he became the Facility Telehealth Coordinator.

Brian Salsman



Brian Salsman joined the Kentucky National Guard in 1999. He completed Basic Training and Advanced Individual Training in Fort Jackson, South Carolina. Salsman served 12 years in the Kentucky National Guard first with F Company 135th Aviation

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Nationwide VISN Telehealth Updates *(continued)*

Battalion in Frankfort, Kentucky in which Salsman deployed two times, once to El Salvador and the second an 18 month tour in OIF/OEF in 2006/2007 where he received two Army Commendation Medals. Salsman was a Light Wheel vehicle Mechanic and an Automated Logistics Specialist. He later joined the 1204th Aviation Battalion out of Independence, Kentucky where he decided to forgo a military career for other career opportunities and was Honorably Discharged in 2011.

Salsman got his start at the VA in 2008 in HAS (Fee Basis). He wanted to help Veterans in ways he was helped when he returned from duty. Four years later, he was selected for the Telehealth Clinical Technician position in Telehealth and, with his technical and mechanical background, he knew that Telehealth was something he wanted to be a part of. Salsman enjoys working with the equipment and troubleshooting equipment failure and assisting Veterans in adapting to the new technology. Salsman is excited and impressed with Telehealth and what it currently does for Veterans, and he has made it his passion to be a part of what it will become.

VISN 10 Telehealth Veterans

Catherine Atkins



Catherine Atkins joined the U.S. Air Force in 1978 while residing in Willowick, Ohio. She attended Basic Training in San Antonio, Texas, followed by six months technical training at the Naval Technical Training Center Corry Station in Pensacola, Florida. Atkins served two years deployed at San Vito dei Normanni Air

Station, about 12 miles from the seaport of Brindisi, Italy, while working as an intelligence analyst. Traveling throughout Europe, residing off base to experience the Italian culture and cuisine, getting married in Italy were some of the many highlights enjoyed by Atkins. She was reassigned to San Antonio, Texas, to the Electronic Security Command at Kelly Air Force Base for the next five years working as an intelligence analyst and one year in the Base Training Office. A fond memory is seeing the Space Shuttle landing or taking off "piggy back" on a Boeing 747 aircraft. Atkins was honorably discharged after seven years and attended college in North Carolina for nursing.

Atkins worked for six years as an RN in Medical Oncology in the private sector before joining the Chillicothe VAMC. Catherine worked the next 15 years in Long Term Care, Long Term psychiatry, MHICM, before joining Home Telehealth as a Care Coordinator three years ago. Atkins enjoys working daily with Veterans and assisting them with their chronic medical conditions while developing a rapport with the Veteran and their caregiver. Atkins said she is honored to be able to serve the Veterans of her community as every day presents new challenges.

VISN 12 Telehealth Veterans

Katrin Courtright



Katrin Courtright served in the United States Air Force from 1999 until 2007 as an Aerospace Medical Services Journeyman, attaining the rank of Staff Sergeant. Courtright served in various capacities within the medical groups while stationed at Keesler Air Force Base, Scott Air Force Base and Baghdad, Iraq.

She worked in Labor and Delivery, Postpartum, Surgery, Primary Care, and Emergency. Courtright currently works as a Telehealth Clinical Technician at the Tomah VAMC, Tomah, Wisconsin.

Brad Meisenburg



Brad Meisenburg served in the U.S. Air Force from 1974 to 1977. He served in multiple capacities, including Environmental Health, Occupational Health, and Military Public Health. During Meisenburg's military service, he assisted with nuclear safety, air quality assessments, noise assessments, and drinking water

safety and testing.

Meisenburg is a Telehealth Clinical Technician for the Janesville Community Based Outpatient Clinic. He has been a Telehealth Clinical Technician for

(Continued Page 21)

Nationwide VISN Telehealth Updates *(continued)*

nearly two years and is one of our hardest working staff. Meisenburg goes above and beyond the call of duty and is a true example of someone who puts service before self. Meisenburg is a tremendous asset to the facility and patients love his enthusiastic personality and willingness to go above and beyond.

Strong eventually became the Director of Nursing and Executive Vice President, Priority Medical Staffing in Shreveport, LA. Strong retired from the Air Force after 26 years of service in 2012 as Critical Care Air Transport Team RN and for 403rd Aeromedical Staging Squadron. In 2009, Strong became the OBVAMC Facility Telehealth Coordinator.

VISN 16 Telehealth Veterans

Pranee Jay Mclean



Pranee Jay Mclean joined the United States Air Force in her hometown of Lompoc, California. She attended Basic Training in Lackland Air Force Base in Texas, from there she was assigned to the Aerospace Medical Squadron. Mclean has loved the opportunities to travel around the world.

Mclean performs ocular imaging and ancillary tests for diabetic patients who are candidates for TeleRetinal Imaging.

Connie Strong



Connie Strong enlisted in the U.S. Air Force and Attended Basic Training San Antonio, Texas in 1986. She attended Tech School for computer maintenance at Keesler Air Force Base in Mississippi and was the first female avionics maintenance technician for B1-Bomber. In 1999, she became a Traditional Guardsman for F-16 Plans and

Scheduler for the South Dakota Air National Guard at Joe Foss Field, Sioux Falls, South Dakota. She attended South Dakota State University West River School of Nursing. In 2001, Strong was commissioned into the U.S. Air Force Reserve Nurse Corp and became a Critical Care Nurse and Officer for the 917th Medical Readiness Squadron for the Program Management Demand Reduction, Immunizations and Wing Self Aid Buddy Care Advisor at Barksdale Air Force Base in Louisiana.

VISN 17 Telehealth Veterans

Natasha Dominguez



Natasha Dominguez served in the United States Army as a Medic from April 2006 through March 2011. Her first duty station was Camp Casey, South Korea where she was the NCOIC of the Troop Medical Clinic. She was the only enlisted person who was trained in and served as a trainer in Advanced Cardiovascular Life Support and

Pediatric Advanced Life Support. Dominguez was transferred to Ft. Bragg, North Carolina where she was put in charge of the Physical Exams/Medical Boards Clinic. Her clinic saw every soldier on Ft. Bragg at least once a year. She became a certified hearing conservationist, and was one of the only people at the main hearing clinic that could update a soldier's medical records. Dominguez did the annual warrior tasks training for the hospital, as well as supervised all of the soldiers that did clinical rotations through her clinic for their EMT medical training update. From there Dominguez went to Ft. Hood, Texas where she served as the Medical Board and Warrior Transition Unit Liaison between the unit and Darnell. She assisted the soldiers on their transition out the military and connected them with their located VA facility in their home state prior to their separation. Dominguez supervised the medical portion of the SRP for the pre-deployment of the 3rd ACR on their last deployment to Iraq in 2010.

Dominguez entered the VA in October, 2011 as the first Telehealth Clinical Technician hired in the Central Texas Health Care System. Two years later, she continues to support Telehealth as an Addiction Therapist, providing CVT to the Home.

(Continued Page 22)

Nationwide VISN Telehealth Updates *(continued)*

VISN 22

TeleNeurosurgery in the VA Greater Los Angeles Healthcare System

Patients suffering from spinal and cerebral conditions often have great difficulty traveling long distances for an evaluation by a Neurosurgeon. TeleNeurosurgery spares the patient the need to travel for an evaluation by combining high-definition Clinical Video Telehealth and integrated health informatics. Using this technology, the Neurosurgeon is able to review all the clinical information remotely, including the imaging. At the time of the Telehealth visit, the Neurosurgeon shows the patients their imaging findings using the presentation mode on the digital interface. The decision for surgery is made at the time of the consultation. The patient travels only for the surgery. The post-operative visits are also completed via Telehealth. “Many thanks to Dr. John Frazee, the GLA Chief of Neurosurgery, for being the Champion of our critical Interfacility Telehealth program.”

VISN 22 Telehealth Veterans

Bradley “Scott” Burris



Scott Burris joined the U.S. Navy in 1980 from Lake Elsinore, California. He attended Basic Training in San Diego Recruit Training Center and attended Naval School of Health Sciences to become a Hospital Corpsman. He was assigned to Naval Hospital, Camp Pendleton, California. When he was asked for which department he wanted to work, he requested assignment on the Labor and Delivery Ward where he assisted with 49 deliveries. He was sent to his first ship, USS *Hermitage* where he was part of the first group of ships to arrive at the beginning of the Beirut, Lebanon Conflict. *USS Hermitage* landed troops twice, earning two Navy Expeditionary Medals and the Navy Unit Commendation Ribbon. While serving on the *USS Spruance* in the Persian Gulf, Burris was credited for saving the life of a shipmate who was near death when he found the man semi-conscious and administered the correct treatment. He spent shore duty at Naval Hospital, San Diego assigned as a statistician to the DoD study of HIV. At the same time, he attended night school earning his bachelor's degree in psychology. Burris terminated shore duty and went to the Third Marine Division. Upon returning from Japan, Burris received an Ensign's commis-

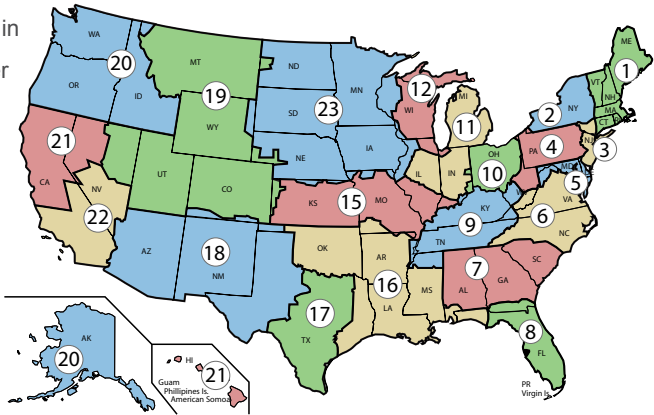
sion as a Chaplain Candidate. Over the next four years, Burris was on Active Reserves and ministered as a chaplain candidate. After serving eight years on Active Duty and earning the rank of Petty Officer First class, then serving six-years in the Active Reserves as an officer and earning the rank of full lieutenant, Burris left the Active Reserves with an Honorable Discharge and began a successful teaching career.

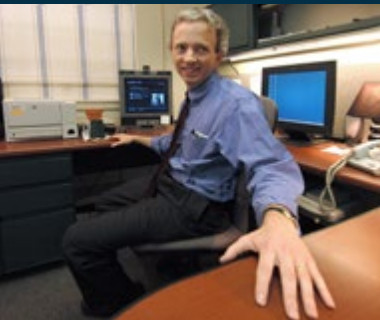
As a VA patient, Burris found his way to the Telehealth Clinical Technician's job description. Working with Veterans everyday in a clinical setting, bridging the distance between the doctor and the patient via video conferencing, Burris said the opportunity to rejoin the Military Veteran Community as the closest thing to a return to his first, best career, being a hospital corpsman.

VISN 23

VISN 23 Telehealth has been busy this summer launching several new programs to serve our Veterans. The Network has started to provide Cardiac Rehabilitation, Tele ECG's and Vocational Assistance to reach Veterans who live in more remote areas of the Network. We have added additional Mental Health programs, as well as clinics specifically geared to women Veterans.

The end of the fiscal year was capped off by Telehealth staff gathering in Sioux Falls, SD, for a combined Telehealth Forum. Presentations at this conference included sessions on facility best practices, such as coding and datamanagement, and engagement with PACT teams. There was also training on elements of Systems Redesign. Three projects were initiated during the Forum to be taken back to the Medical Centers and implemented in FY2014. One of these was a program to initiate a Sleep Study Store-and-Forward Telehealth program. Another focused on a system to engage inpatients into Home Telehealth. The third program will develop a better standardized VISN orientation for Telehealth Clinical Technicians. The Network is looking forward to FY2014 for the full implementation of these programs and expansion of Telehealth in general in many other areas.





Our Mission

To provide the right care in the right place at the right time through the effective, cost-effective and appropriate use of health information and telecommunications technologies.

VHA Telehealth Services - Overview

VHA Telehealth Services uses health informatics, disease management and telehealth technologies to target care and case management to improve access to care, improving the health of Veterans. Telehealth changes the location where health care services are routinely provided. This is done to provide the right care at the right time, accessible to patients in their own homes and local communities. VHA Telehealth Services, located in Washington DC, divides Telehealth into three modalities and has established training centers for each to support the provision of quality telehealth-based care to Veterans:

• Clinical Video Telehealth

is defined as the use of real-time interactive video conferencing, sometimes with supportive peripheral technologies, to assess, treat and provide care to a patient remotely. Typically, Clinical Video Telehealth links the patient(s) at a clinic to the provider(s) at another location. Clinical Video Telehealth can also provide video connectivity between a provider and a patient at home. Clinical Video Telehealth encompasses a wide variety of clinical applications such as specialty and primary care.

• Home Telehealth

is defined as a program into which Veterans are enrolled that applies care and case management principles to coordinate care using health informatics, disease management and Home Telehealth technologies to facilitate access to care and to improve the health of Veterans with the specific intent of providing the right care in the right place at the right time. The goal of Home Telehealth is to improve clinical outcomes and access to care while reducing complications, hospitalizations and clinic or emergency room visits for Veterans in post-acute care settings and high-risk patients with chronic disease.

• Store-and-Forward Telehealth

is defined as the use of technologies to asynchronously acquire and store clinical information (such as data, image, sound and video) that is then forwarded to or retrieved by a provider at another location for clinical evaluation. VA's national Store-and-Forward Telehealth programs operationalize this definition to cover services that provide this care using clinical consult pathway and a defined information technology platform to communicate the event/encounter between providers, as well as enabling documentation of the event/encounter and the associated clinical evaluation within the patient record.



telehealth
services

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